

At the conclusion of the meeting there was general agreement that a similar conference be arranged two years hence, to check on developments in the interim, to restudy the same basic problems and to explore new items that may arise meanwhile.

What remains to be done now is to get into the hands of the responsible authorities a digest of the conference findings and to solicit the aid of all interested parties in carrying out the recommendations adopted. School principals, department of education officials, teachers, physical education instructors, hygiene teachers, athletic coaches and others in our school system must be brought into the picture. From the interest shown in Fresno by the educational groups, the cooperation of these individuals should be assured.

On the medical side, public health officers, county medical societies and private physicians must be alerted to the problems which may appear as individual cases but which apparently follow a pattern that is suitable for treatment on a program basis.

Parent-teacher organizations are another source of strength in meeting these problems common to school children. They must also be alerted and their help sought.

This program of education will necessarily be slow but if it is adequately carried out, it can have beneficial results for both the individual and group health of all students.

A start on this program will be made shortly in the compilation and distribution of a digest of the discussions and conclusions of this initial conference. This material will be supplied to county medical society bulletins, to educational publications, public health bulletins and others. A follow-up will be through school officials at state, county and local levels.

The county society and the individual physician have their part in this program. The conference found that school and other lay people should seek the advice and counsel of their local physicians and local medical societies in health matters and that, conversely, the physicians and their societies should assume their responsibilities as members of local health councils, school health conferences and similar groups.

As President Morrison so succinctly put it in his closing remarks, "the success of this state conference will attain its greatest value in the extent to which it is translated into action at the community level."

LETTERS to the Editor . . .

I WILL *never* give my doctor permission to place me in an iron lung. I would far rather die than risk being kept alive, a total and permanent invalid.

I reached this decision after surviving a severe attack of poliomyelitis in 1951 and experiencing for many bitter months the mental anguish of extreme shortness of breath and nearly useless arms. In the past three years I have discussed with many doctors the terrible dilemma created by the invention of the iron lung. The majority of my colleagues have stated that they too would hesitate to permit themselves to be placed in an iron lung.

Because this point of view has not been expressed publicly, because there is so much misconception about what an iron lung can and cannot do, and because the reasons for refusing iron lung treatment are so little known, I have been urged by many of my friends to write this communication.

My position in this matter is as follows: No patient should be placed in an iron lung without first having given his or her consent; and no person

should give his or her consent without considering the risks involved.

It is standard medical practice when an operation is advised for the doctor to explain to the patient the reasons for recommending it and to discuss *all* the pros and cons involved. The patient then decides whether or not he will accept the doctor's recommendation. Not until he gives his written permission is a patient operated on.

The decision to place a patient in an iron lung is frequently far more fateful than the decision to perform an operation. Few patients realize that when they permit themselves to be placed in an iron lung they may irrevocably condemn themselves to total and complete invalidism for the rest of their lives. At the same time they may warp the lives of the other members of their family and completely ruin themselves financially.

It is of greatest importance that everyone should consider the matter of treatment by the iron lung while he is well—when poliomyelitis can be con-

sidered as only a possibility—and can carefully weigh all the factors involved, for the mental and emotional confusion attending severe poliomyelitis makes judgment and decision difficult if postponed until the last minute.

The *reasons* for my decision never to allow myself to be placed in an iron lung (or rocking bed) are as follows:

1. Poliomyelitis patients who have only *partial paralysis* of their breathing muscles and who eventually (like myself) go on to make a *good* recovery will do so without the use of an iron lung.

2. Patients who remain for their whole lives, hopelessly crippled by *total* or *nearly total* paralysis of the breathing muscles and the muscles of their arms would have mercifully died in a few hours if they had not been placed in a lung.

3. The physician *must advise* the use of the iron lung when he sees that his patient is dangerously short of breath, but the patient *need not accept* this advice. He must remember that once he is placed in the lung, no one can remove him from it, even if every muscle in his body is totally and permanently paralyzed. Unless he recovers the ability to breathe by himself he is doomed to be kept alive indefinitely.

4. The number of patients being kept alive by iron lungs grows every day. There are now whole hospitals devoted to nothing but the care of these patients where more than 100 iron lungs operate day and night keeping alive people who can never regain their strength and vigor or self-sufficiency.

5. In addition to the patients kept alive inside iron lungs, there are thousands of others whose condition is nearly as pitiable. They are the patients whose lives have been saved by the iron lung and who regain just sufficient strength to breathe while lying quietly in bed but whose arms are so helpless that they cannot feed, clothe or cleanse themselves and who, even if their legs are strong enough to walk, are so short of breath with any activity that even six steps are more than they can manage.

Added to this, these patients frequently are unable to cough, sneeze, swallow, talk, urinate, have a natural bowel movement, or even sit themselves up.

All of these patients would have died if it were not for the iron lung which, although it saved their lives, cannot prevent the ultimate crushing of their spirit under the never-ending weight of their total helplessness.

6. It is important to understand the vast difference between paralyzed arms and paralyzed legs. Many persons, including the late Franklin Delano Roosevelt, have overcome the handicap of paralyzed legs, but the combination of paralyzed arms and breathing muscles is an insurmountable obstacle to any type of useful sustained activity on an independent basis.

7. Everyone should realize that in poliomyelitis the degree of paralysis and the amount of recovery are based entirely on how badly damaged are the nerve centers in the spinal cord. This damage is beyond human ability to alter in any way. All the physician and the patient can do is make the most of what remains when the attack is over. The iron lung cannot save or restore even a single nerve fiber that has been destroyed by the poliomyelitis virus.

8. Finally, in deciding whether or not to permit himself to be placed in an iron lung the patient must consider his family as well as himself.

This year, and every year until vaccination is successful in preventing poliomyelitis, there will be additional hundreds of iron lung and rocking bed patients. The only way to prevent these needless prolonged tragedies is for every person to consider very carefully, while he is well, whether he would permit himself or his child to be placed in an iron lung. As far as I am concerned, I would rather put my faith in Providence than in a man-made machine which has caused much more suffering than it has relieved.

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